

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

81992

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROTECTIVE DEVICE FOR AN ELECTRONIC CIRCUIT

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number PCT/EP97/00689

on February 13, 1997

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (in PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119	
Germany	196 19 631.0	May 15, 1996	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Germany	196 47 035.8	November 14, 1996	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

204	FULL NAME OF INVENTOR	FAMILY NAME <u>KNOP</u>	FIRST GIVEN NAME <u>Ingmar</u>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Aalen</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Anton-Hegele-Strasse 8</u>	CITY <u>Aalen</u>	STATE & ZIP CODE/COUNTRY <u>D-73433 Germany</u>
205	FULL NAME OF INVENTOR	FAMILY NAME <u>GOEBEL</u>	FIRST GIVEN NAME <u>Klaus</u>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Muenchen</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Leopoldstrasse 191</u>	CITY <u>Muenchen</u>	STATE & ZIP CODE/COUNTRY <u>D-80804 Germany</u>
206	FULL NAME OF INVENTOR	FAMILY NAME <u>SKWIRBLIES</u>	FIRST GIVEN NAME <u>Klaus-Dieter</u>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Forstinning</u>	STATE OR FOREIGN COUNTRY <u>Germany</u>	COUNTRY OF CITIZENSHIP <u>Germany</u>
	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>Meisenweg 6</u>	CITY <u>Forstinning</u>	STATE & ZIP CODE/COUNTRY <u>D-85661 Germany</u>
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
SIGNATURE OF INVENTOR 204 <u>Ingmar Knop</u>		SIGNATURE OF INVENTOR 205 <u>Klaus Goebel</u>		SIGNATURE OF INVENTOR 206 <u>Klaus Skwirblies</u>
DATE <u>98-12-07</u>		DATE <u>98-12-11</u>		DATE <u>98-12-14</u>

M:\FORMS\COMDEC.WP 7/96

207	FULL NAME OF INVENTOR	FAMILY NAME PETERS	FIRST GIVEN NAME Rainer	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Unterhaching	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Huber-Str. 3	CITY Unterhaching	STATE & ZIP CODE/COUNTRY D-82008 Germany
20	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
20	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
SIGNATURE OF INVENTOR 207		SIGNATURE OF INVENTOR 20		SIGNATURE OF INVENTOR 20
DATE 14.12.98		DATE		DATE

M:\FORMS\COMDEC.WP 7/96